

Shamokin Area School District

Request for Tuition Reimbursement

Name: _____ Building & Grade: _____ Date: _____

I am requesting reimbursement for the courses listed below according to Article XVIII; section (B)(2) and (B)(5) of the S.A.E.A/S.A.S.D. Collective Bargaining Agreement:

<u>College/University or Inservice Provider</u>	<u>Name/Number of Course</u>	<u>Sem/Yr Taken</u>	<u>No. of Credits</u>	<u>Cost/Cr.*</u>
1. _____	_____	_____	_____ x _____	= \$ _____
2. _____	_____	_____	_____ x _____	= \$ _____
3. _____	_____	_____	_____ x _____	= \$ _____

Total Reimbursement Request \$ _____ **

Transcripts with the official seal, tuition invoice and proof of payment must be attached to this request and submitted to Superintendent's Office no later than 14 calendar days prior to the monthly school board meeting in January, March, June or October.

I have completed, paid for and have passed the above listed courses.

(Per 20__-20__ contract year)

Signature of Teacher

****Reimbursement will only be approved for credits earned during the current school year OR no older than one semester if earned during the summer. Credits will only be reimbursed up to the current reimbursable amount allowed per the teachers' agreement.**

_____ Credits approved for Salary Schedule

_____ Credits approved for Act 48 only (Not eligible for Salary Schedule)

Approved by: _____, Superintendent

\$ _____ Cost approved for reimbursement

Approved by: _____, Business Manager

Credit(s) recorded to teacher record card on

Date

Secretary